



Healthy Child Care Newsletter



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Newborn Screenings Offer *Hope* for Protection

Newborn screening refers to screenings performed on newborns shortly after birth to protect them from the dangerous effects of disorders that otherwise may not be detected for several days, months, or even years. Missouri law requires all babies born in the state to be screened for over 70 serious disorders. Shortly after birth, a small sample of blood is collected from a baby's heel and sent to the Missouri State Public Health Laboratory. The blood is then screened for disorders that can result in severe injury to the brain, organs, nervous system, and/or may result in death if left untreated. Since symptoms are not generally noticeable at birth, the only way to find these disorders before permanent damage occurs is through newborn screening.

In Missouri, a baby is diagnosed approximately every other day with a disorder detected through newborn screening. This would equate to approximately nine school classrooms per year full of children who have been diagnosed with one of these disorders. Early screening paired with timely follow-up can provide babies with the medical care and treatment they need in order to allow them to grow and develop as healthy as possible. Although there is no cure for these disorders, most babies can be treated with medication or by making changes to the baby's diet.

New and expectant parents should be provided with information to emphasize the value and importance of newborn screening. Parents should be encouraged to make sure their baby receives a newborn screen before leaving



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the hospital or at 24 to 48 hours of age if born at home. Parents should also be encouraged to ask their baby's primary care provider for the newborn screening results during their baby's first well visit.

For more information on newborn screening please visit <http://health.mo.gov/living/families/genetics/newbornscreening/index.php> or contact the Bureau of Genetics and Healthy Childhood at 800-877-6246.

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ABC Is Something Wrong?

What to do when you're worried about a child's development

As early childhood educators working with groups of young children, over time we learn just how wide the range of “typical” development can be. Some children walk as early as nine months – some don’t take those first steps until after their first birthday. Some children seem to start talking the minute they’re born – some seem fine with just a few words. And yet sometimes, we may find ourselves caring for a child who just doesn’t seem to be falling within this “typical” spectrum. We want the best for all the children in our care—what’s the right thing to do when we wonder if something’s wrong?

First, it’s important to recognize both the importance, and the limitations, of our role. Because we spend so much time each day with children, our knowledge of children’s abilities, likes, dislikes and challenges is thorough and detailed. This knowledge is an important tool in supporting children and their families to ensure optimal development. However, it is critical that we remember that we are NOT trained or authorized to evaluate, assess or diagnose specific developmental issues. Our role is to describe what we see, objectively and over time, within the context of what we understand about typical development.

Make sure you know what is and isn’t typical for a child at different ages.

It’s always a good idea to review developmental milestones when we start to have concerns about a child to make sure our expectations are indeed age-appropriate. A great resource is from the Center for Disease Control (CDC) called “Learn the Signs, Act Early.” You can look at and download a complete list of Developmental Milestones by age at www.cdc.gov/milestones.

Take the time to observe and document objectively and over time.

Make sure to observe at different times of the day, and over a period of weeks. Look for patterns of behavior, and be careful not to make snap judgments about what a child “should” or “shouldn’t” do.

Talking to and working with families.

Work to develop relationships with families that are based on your mutual concern for and love of the child. This means looking for and sharing positive information regularly, assuming the family’s good intentions, and remembering that a family will always know their child in ways that you don’t.

Find a time to meet with the family when neither party feels rushed, or overwhelmed. (Drop off and pick up may NOT be the best times!) Share your concerns giving specific examples and descriptions that do not judge or



label the child. Ask for information from the family—what do they see at home? Do they have concerns? What goals do they have for their child?

It's a good idea to have someone take notes at the meeting and then distribute these notes afterwards. This is especially helpful if you or the family are going to be taking specific actions. Set a time to get together again to evaluate progress.

If concerns about the child's development continue, you may want to suggest that the family get some additional information by having their child screened or evaluated for possible developmental delays. For children under three, First Steps is a great place to start. The state-wide number for accessing these services is 1-866-583-2392. For children over three, families would contact their local public school district's early childhood or Parents As Teachers program. It's helpful if you can make some calls first to get a specific name and number for the family to call.

We're Here To Help!

Inclusion Specialists from United 4 Children are available throughout the state to assist you in identifying and working with children with disabilities or special needs. We can provide assistance over the phone or on-site, including (with the written permission of the family) child-specific observations and consultations. [Click Here](#) for a map with contact information for the Inclusion Specialist in your area.



Milk Substitutions

The Child and Adult Care Food Program (CACFP) provides reimbursement to child care centers for meals served to participating children. Eligible facilities must serve meals meeting program requirements and maintain accurate and complete records. Licensing rules and CACFP guidelines require that children are served milk as a part of their meals. With so many types of milk products and milk substitutes available, it is important to understand which milk products are permitted under licensing rules and CACFP guidelines.

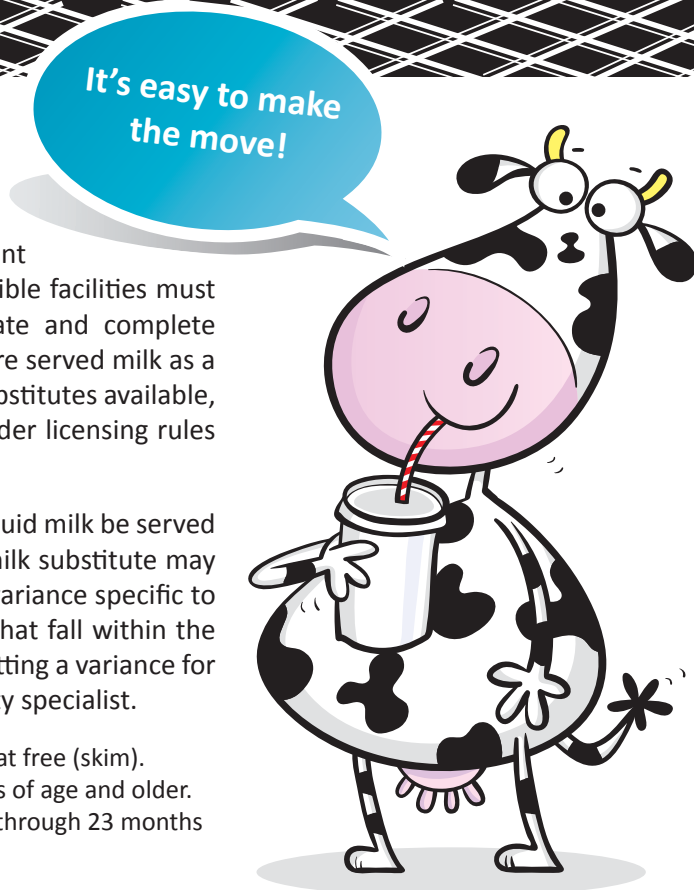
Licensing rules 19 CSR 30-62.202 and 19 CSR 30-61.190 require that fluid milk be served at meals. Before a milk substitute is served, and even though the milk substitute may fall within CACFP guidelines, the child care provider must request a variance specific to the child and at the request of the child's family. Milk substitutes that fall within the CACFP guidelines will generally be approved. Questions about submitting a variance for a milk substitute should be directed to the program's child care facility specialist.

Milk served to children two years of age and older must be low-fat (1%) or fat free (skim). Reduced fat milk (2%) and whole milk are not credible for children two years of age and older. The American Academy of Pediatrics recommends that children 12 months through 23 months (1 year olds) be served whole milk; however, this is not a requirement.

CACFP Credible Milk Types

Infants*	Iron fortified infant formula or Breastmilk
12 – 23 months	Skim milk, 1%, 2%, or whole milk (The American Academy of Pediatrics recommends whole milk.)
2 years and older	1% or skim milk

*See the CACFP website for a food chart on infant feeding. http://health.mo.gov/living/dnhs_pdfs/R_CACFP_FoodChartInfant.pdf
Flavored milk is acceptable.



Keeping Track



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION
CHILD'S NAME _____ BIRTHDATE _____

CURRENT STATE OF HEALTH
Based on my assessment of this child's medical history, current state of health and my physical examination of the child on _____ this child can participate in a child care program. This child has no special care needs unless specified below.
(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE
Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

Family child care providers and child care center owners learn a great deal about each child in care. The success and survival of your business depends, in part, on your knowledge of each child attending your program and your relationship with his or her family. To operate a successful business you must collect, document, and organize information about each child and family.

All child care businesses generate a wealth of records and paperwork related to each child and family. State regulations mandate that programs maintain many child-related records. In this article we are going to focus on the records child care business owners need to collect and maintain for each child and family.

These records fall into three main categories and all records must be collected, organized, regularly updated and maintained by the child care program:

- 1 Admission and Enrollment Documentation
- 2 Program Operations Documentation
- 3 Developmental Program Documentation

Like all child documentation, these records contain confidential information and should be kept in a limited access, locked file cabinet.

Admission and Enrollment Documentation records include:

- **Intake and Admission records** – this includes a child and family orientation form designed to help you get to know the child, an agreement/contract form for parents to sign documenting their intention to use your program for a set price and time, a mutual performance expectation form signed by the parents and a representative of the program outlining responsibilities of the program and the parents to document culture diversity, beliefs, values and expectations, and family structure for each child.
- **The child enrollment record** – this is a record of the name of the child and parents, address, home and cell phone contacts, email addresses, employer, work address, work phone contact and share the parent and program schedules, Photo Release, Social Media Use permission, and share a copy of the Parent Handbook.
- **Emergency contacts record** – this is a record of the people designated by the parents who have are to be contacted when the program is unable to contact the parents.
- **Permission to drop-off and pick-up record** – this is a record of the people of legal age designated by the parents to bring the child to the program and sign him or her into the program and to pick up the child from the program and sign the child in and out of the program.
- **Medical records** – state child care licensing regulations require that programs have the following records for each child in care. In addition these must be updated and maintained.
 - Physical Examination documentation.
 - Immunization documentation (if exempt a notarized document must be on file).
 - Special health needs documentation – an individualized plan for special care.
- **Medication administration records** – this documentation must be completed any time the program administers medication to a child.
 - Medical treatment authorization/permission must be completed by the parent documenting the



name of the medication and instructions for administering it to the child. These instructions must match the instructions on the prescription label or over the counter package.

- Medical treatment records must be completed for each medication every time program staff administer the medication to a child.
- **Travel and Activity Authorization** – these records are signed copies of parent permission forms for programs to engage in regular transportation of children such as to and from school or specific non-program activities.

Program Operations Documentation records include:

- **Incident records** – this documentation is completed whenever a serious incident involves a child in care. Incidents can include, but are not limited to serious injuries or accidents, unexpected illness or contagious disease, poisoning or medication error, and aggressive or unusual behavior. One copy should be given to the parents and one maintained by the program. Depending on the situation, a copy should also be provided to both the state child care licensing agency and to the program's insurance company.
- **Injury records** – programs should document any and all injuries a child suffers while in care and provide a copy to the parent.
- **Suspected child abuse and neglect documentation** – record all evidence of suspected child abuse and neglect and document reports made to the proper agency.
- **Field trip permission authorization** – obtain signed parent permission for all field trips.

Developmental Program Documentation records include:

- **Child development records** – this documentation individually tracks the ongoing development of each child in the program.
 - Documentation of child observations.
 - Portfolios of the child's development, behavior, and activities.
 - Child developmental assessment documentation, pre and post assessments.
 - Documentation of program sponsored child screenings for vision, hearing, development and parent permission.
 - Copies of Individual Education Plans (IEPs) and Individual Family Service Plans (IFSPs) and signed agreements with supporting agencies and personnel.
- **Communication to parents about their child** – maintain copies of information shared with parents about their child – daily schedules, weekly lesson plans, menus, daily or weekly information about their child and progress records; written communication with parents about their child; records of parent conferences, emails, texts, social media, phone calls, parent bulletin boards and newsletters.

It is essential that child care providers maintain these child and family records in a secure location and that all information be kept confidential. Maintaining confidentiality for information about children and families is more than “the right thing to do”. Federal laws, FERPA and HIPAA set standards for privacy regarding children's educational and health related information. FERPA is the Family Education Rights and Privacy Act and is designed in part to protect the privacy rights of parents and children by limiting access to educational records without parental consent. (This would include records of a child's developmental information, assessments, etc.) HIPAA, the Health Insurance Portability and Accountability Act, sets standards for privacy for individually identifiable health information (This would include all medical records – annual physicals, immunization records, medication permission and medical treatment records, hearing and vision screenings, etc.)

Francis Institute for Child and Youth Development, located at Metropolitan Community College's Penn Valley campus, teaches Developing Your Family Child Care Business™. Learn more about this curriculum and other training on our website at www.askfrancis.org. We hope these tips pulled from Francis Institute's Developing Your Family Child Care™ curriculum will increase your understanding of best practices for dealing with child related records and the critical need for privacy when maintaining these records.



Keeping Children Safe Outdoors

NOLA MARTZ, MSN RN, Child Care Health Consultation Program Manager
Missouri Department of Health and Senior Services

This is the time of year children spend more time outdoors, increasing their exposure to a variety of things that can potentially be harmful. Here are a few reminders to consider in order to be prepared for those situations that may arise.

First Aid and CPR—Rules require staff certified in age-appropriate first aid and CPR to be on-site when children are present. Make sure your staff has kept current so that you are equipped to deal with any health emergencies that come up as well as the minor cuts and scrapes that crop up. First aid supplies need to be stocked up and readily accessible.

Sun exposure—Just a few serious sunburns can increase a child's risk of skin cancer later in life. They don't have to be at the pool to get too much sun. It is important to protect them from the sun any time they are outdoors. Make sure they are in shaded areas as much as possible and are wearing clothing to protect their skin from the sun's rays. Sun screen is recommended. If your child care uses sun screen, make sure you have the appropriate policies and parental permission documentation on file.

Poison prevention—Children will often explore their environments by touching and tasting. Be aware of the presence of poisonous plants that they could ingest, as well as those like poison ivy that can cause rashes if their skin comes into direct contact. Know the steps to take for accidental poisoning. Lead exposure from bare soil in play areas and peeling or chipping paint on playground equipment is also a potential hazard for young children.

Insect Bites & Stings—Children are exposed to a number of insects whose bites or stings can cause anything from minor itching to severe anaphylactic (life-threatening) reactions. You may have children in your care that require the use of an Epi pen to counteract these reactions. Proper storage and administration of an Epi pen is covered in the pediatric first aid course.

Ticks carry a number of diseases. Two tick-borne illnesses found in Missouri are tularemia and Rocky Mountain spotted fever. Symptoms of tularemia include fever, headache, fatigue, and sometimes a festering tick bite. Most cases of tularemia are successfully treated through oral antibiotic therapy, but delayed diagnosis can lead to hospitalization and life-threatening illness.

Safety continued on page 7

HOW DO I CHOOSE AN INSECT REPELLENT?



ON EXPOSED SKIN

1 – 2 hours

2 – 4 hours

5 – 8 hours

MOSQUITOES

Choose the appropriate repellent for the length of time you'll be outdoors. Reapply according to product instructions.

Protection varies by species of mosquito.

Most mosquitoes that transmit diseases in the U.S. bite from dusk-dawn.

<10% DEET

<10% picaridin

<10% IR3535

~15% DEET

~15% picaridin/KBR 3023

~30% oil of lemon

eucalyptus/PMD

~15% IR3535

~20%-50% DEET

TICKS

Generally, repellent with 20 – 50% DEET is recommended to protect against tick bites.

Other factors affecting efficacy include: individual chemistry, sweat, numbers of bugs. Apply creams and lotions 15 to 20 minutes before going outdoors.

In areas where both mosquitoes and ticks are a concern, repellents with 20 - 50% DEET may offer the best, well-rounded protection.

The American Academy of Pediatrics has recommended that repellents containing up to 30% DEET can be used on children over 2 months old. Wash repellent off daily.

The repellents shown here meet CDC's standard of having EPA registration and strong performance in peer-reviewed, scientific studies. They reflect products currently available in the U.S.

ON CLOTHING AND GEAR

Permethrin



<http://www.health.mo.gov/atoz/index.php>



Permethrin pre-treatment of clothing and equipment can provide protection against mosquitoes and ticks through multiple washings. It is labeled for 70 washings. Do not use permethrin on skin.

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To order, go to <http://health.mo.gov/living/healthcondiseases/communicable/tickscarrydisease/orderform.php>.
To view and print CDC's *Don't Let a Tick Make You Sick* poster go to http://www.cdc.gov/ticks/resources/DontletTicksbiteComicGenericFS_508.pdf.

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Typical symptoms of Rocky Mountain spotted fever include: fever, headache, abdominal pain, vomiting, and muscle pain. A rash may also develop after the first few days, but in some patients, never develops. Rocky Mountain spotted fever can be a severe or even fatal illness if not treated in the first few days of symptoms.

Heartland virus is a novel phlebovirus that was recently discovered after two Missouri men became ill in 2009. Based on the patients' reported exposures to tick bites prior to their illness, the virus was suspected to be transmitted by ticks. From 2012–2013, six additional Heartland virus disease cases were identified; five were residents of Missouri and one was a Tennessee resident.

West Nile Virus is carried by the mosquito. Most people who develop West Nile Virus do not develop symptoms. About 1 in 5 will develop a fever and may have headache, body aches, vomiting, diarrhea, or a rash.

Using 20% DEET-based repellent on exposed skin and clothing and checking for ticks daily are two important preventive actions you can take. More complete information on preventing and identifying these conditions can be found at the Centers for Disease Control and Prevention (CDC) website: www.cdc.gov.

If you need further information about any of these topics, contact your local health department. A Child Care Health Consultant may be available to provide clock hour training, technical consultation, or children's health promotions at no cost to you on these and other subjects.



Sarah Williams, Eagle Eye Consulting, LLC

- ★ Professional Development—child care centers, foster families, parents, teachers
- ★ Advocacy for ALL children, special needs observations, resource network

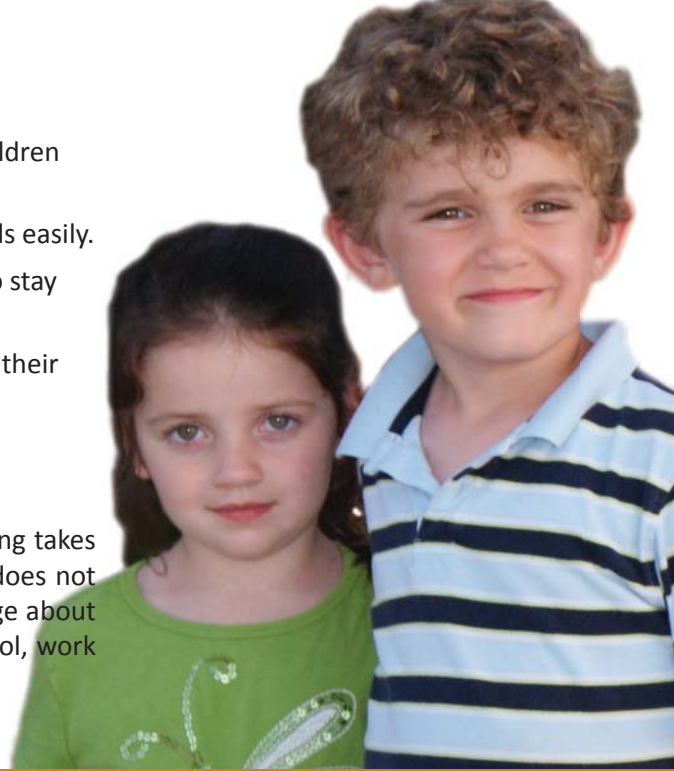
Think about your circle of friends. Where would you be without them? Are all your friends the same age? Probably not! Humans (young or old) glean from each other—especially those that are a little different from us—whether it is age, culture, geographic location, religion, ethnicity or interests. That’s how we learn!

Friendships across the age span help children to figure out who they are. Think about all the social skills that develop when their circle of friends is varied across those genres:

- Younger children have someone to look to for help or advice.
- Needs can be met by more than just the adult in charge.
- Older children learn and earn responsibility by caring for younger friends.
- Empathy and sympathy are shared on levels even adults don’t see.
- Children don’t necessarily expect everyone to develop according to the “norms”.
- Pretend play is enhanced for younger friends due to the experience the older friends bring to the play area.
- Siblings can be together even when parents are absent.
- There tends to be less competition since skills levels are different.
- There may be less waiting time to be soothed as older friends can help if adult is caring for another child.
- Play tends to be more interactive with multiple age groups.
- Self esteem is increased in older friends because they get to help care for younger friend.
- Imagination is enhanced because multiple levels of thinking are being used.
- Literacy experiences are increased—older friends can “read” to younger friends.
- Activities that are for older friends, then turn into incidental learning for those younger ones.
- Mentorship and volunteer attitudes begin early when this naturally takes place with multi age groups of children.

- Less bullying takes place—older ones put a stop to it, younger children ask for help.
- Older friend may take interest in a child who may not make friends easily.
- Security is increased for the younger children when siblings get to stay close to them.
- Parents have more time to spend at drop off and pick up times, if their children are at same place or in same classroom.
- Caregivers get to know a family over time and be involved in the triumphs and tragedies.

Multi age groups allow layers of teaching to unfold. Just as much learning takes place outside a classroom, much learning takes place that a caregiver does not necessarily plan for or initiate. Think of the lesson learned at an early age about having friendships across generations. It will affect relationships in school, work places, families, community projects and recreational activities.



Keeping a Healthy Smile

Good dental health is necessary for better overall health. Tooth decay (cavities) is the single most prevalent childhood disease. Tooth decay affects nearly 60% of children and causes problems that often last long into adulthood- affecting health, education, employment opportunities and well-being.

To help children understand the importance of brushing and flossing their teeth, the Missouri Department of Health and Senior Services designed an activity book with fun filled coloring pages, puzzles and tips. To order the *Brushing Basics Activity Book* and other oral health educational materials go to <http://health.mo.gov/living/families/oralhealth/oralhealtheducation.php>. A Spanish version of the *Brushing Basics Activity Book* will be available Fall 2014.

Taking proper care of your mouth, teeth and gums is important to preventing tooth decay, gum disease and bad breath. Here are some tips for a healthy mouth:

- Brush your teeth twice a day with fluoride toothpaste.
- Floss daily.
- Drink fluoridated water to prevent tooth decay.
- Eat a balanced diet and limit sugary drinks and snacks.
- Visit your dentist regularly for professional cleanings and oral exams.

Eat SMART



In each issue of the Healthy Child Care Newsletter, centers are recognized for meeting Eat Smart Guidelines. Eat Smart Guidelines challenge child care facilities to improve their meal service by following recommended standards that are above the minimum requirements.

- The Minimum level of the Eat Smart Guidelines is the same as the current US Department of Agriculture (USDA) meal pattern and Missouri child care licensing requirements. All licensed child care facilities must meet at least the minimum level. This is not a level of recognition.
- The Intermediate level Guidelines are more healthful than the Minimum. This is the first level of recognition.
- The Advanced level Guidelines are more healthful than the Intermediate. This is the highest level of recognition.

A chart listing the requirements for Missouri's Eat Smart Guidelines is available at: http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/pdf/MO_Eat_Smart_Guidelines-Child_Care.pdf.

By striving to meet the Intermediate and Advanced levels of the Missouri Eat Smart Guidelines, your facility:

- Helps prevent childhood obesity.
- Shows concern for the health of children in your care.
- Attracts families who care about the food their kids eat while away from home.

By achieving the higher standards, your facility will receive:

- A certificate and banner announcing your achievement as an Eat Smart Child Care.
- Menu templates that include the Eat Smart logo.
- A sample press release for the local paper announcing your achievement.
- A letter to inform families of what you are doing for their child's health.
- The right to use the Eat Smart logo in your website and publications.

To begin your journey to becoming an Eat Smart Child Care, complete the application process located at:

<http://health.mo.gov/living/wellness/nutrition/eatsmartguidelines/appsforms.php>.

Don't delay, begin today!
Become an
**EAT SMART CHILD
CARE CENTER**



Eat Smart Child Recognition

Child Youth Services

Fort Leonard Wood

Child Youth Services, a Sponsoring Organization of Child Care Homes, based in Fort Leonard Wood, MO, recognized one of its child care homes as Missouri Eat Smart at the intermediate level in 2013. In July 2013, Jessie Tayrien was recognized by Sara Hendrix, Child Youth Services Nutritionist, for achieving the intermediate standards of the Missouri Eat Smart Guidelines for Child Care. Ms. Tayrien accounts for the 5th child care home to be recognized as a Missouri Eat Smart Child Care.

MSU Child Development Center Springfield

Missouri State University (MSU) Child Development Center (CDC) in Springfield, MO was recognized as an Advanced Missouri Eat Smart Child Care Center in October 2013. MSU CDC is the 47th child care center in Missouri to be recognized as Missouri Eat Smart, and the 21st child care center to be recognized at the Advanced level. On October 17, 2013, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Deanna Hallgren, director, and MSU CDC for achieving the advanced level of the Missouri Eat Smart Guidelines.

United Cerebral Palsy Heartland Child Development Center Columbia



Kathleen Shanks, cook, and Christy Brookins, director, United Cerebral Palsy Heartland Child Development Center accept recognition as an Eat Smart Child Care Center from Sarah Gaines, MDHSS-BCFNA.

United Cerebral Palsy Heartland Child Development Center in Columbia, MO was recognized in August 2013 for achieving the intermediate level of the Missouri Eat Smart Guidelines. On August 8, 2013, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) presented Christy Brookins, director, and United Cerebral Palsy (UCP) Heartland Child Development Center (CDC) with a certificate and banner, recognizing them as an Eat Smart Child Care Center. Several parents were in attendance and celebrated in this achievement by enjoying a nutritious breakfast meal with their children. UCP Heartland CDC accounts for the 44th child care center to be recognized as Missouri Eat Smart.

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Campbell United Methodist Church Small Wonders Child Development Center Springfield

Campbell United Methodist Church (UMC) Small Wonders Child Development Center (CDC) in Springfield, MO was recognized on September 16, 2013 for achieving the intermediate standards of the Missouri Eat Smart Guidelines. Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) presented the award to Shirley Kerns, director, and Teresa Wiener, kitchen supervisor, while the children enjoyed their nutritious lunch meal. Campbell UMC Small Wonders CDC is the 45th child care center to be recognized as a Missouri Eat Smart Child Care.



Teresa Wiener, kitchen supervisor, and Shirley Kerns, director, Small Wonders CDC, proudly accept recognition for achieving status as a Missouri Eat Smart Child Care.

Third Presbyterian Church Preschool St. Louis

Third Presbyterian Church Preschool in St. Louis, MO was recognized in October 2013 for achieving the intermediate level of the Missouri Eat Smart Guidelines. On October 3, 2013, children and parents gathered to participate in a nutrition education cooking session, led by Damaris Karanja, Nutrition and Health Education Specialist with the University of Missouri Extension. Following the activities, they celebrated with Kristen Davis, business manager, as she accepted the recognition as a Missouri Eat Smart Child Care. Third Presbyterian Church Preschool was presented a certificate and banner by Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA). Third Presbyterian Church Preschool is the 46th child care center to be recognized as Missouri Eat Smart.

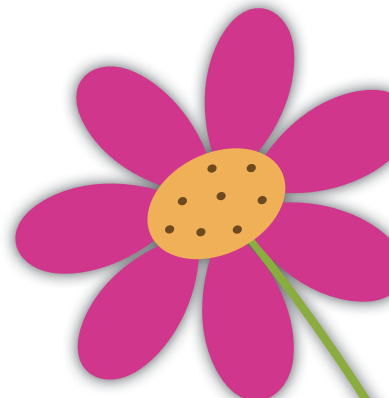


Kristen Davis, administrator of Third Presbyterian Church Preschool, accepts recognition as an Eat Smart Child Care Center from Sarah Gaines, MDHSS-BCFNA.

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Family Self-Help Center: Pumpkin Patch Joplin

Family Self-Help Center: Pumpkin Patch in Joplin, MO was recognized as an Advanced Missouri Eat Smart Child Care Center in February 2014 by Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA). Pumpkin Patch is the 75th child care center in Missouri to be recognized as Missouri Eat Smart, and the 28th child care center to be recognized at the Advanced level. On February 18, 2014, Suzanne Simek, child care coordinator, and the Family Self-Help Center: Pumpkin Patch celebrated with a ribbon cutting ceremony, recognizing their center for achieving the standards set by the advanced level of the Missouri Eat Smart Guidelines.



University Child Care Center Springfield

University Child Care Center in Springfield, MO was recognized in October 2013 for achieving the intermediate level of the Missouri Eat Smart Guidelines. On October 18, 2013, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) presented Jennifer Crouch, executive director, and University Child Care Center with a certificate and banner, recognizing them as an Eat Smart Child Care Center. Several parents enjoyed a nutritious breakfast meal with their children prior to the recognition and staff was recognized for their outstanding efforts in making the recognition a success. University Child Care Center accounts for the 48th child care center to be recognized as Missouri Eat Smart.



Staff members of University Child Care Center proudly present the banner, recognizing their achievement for being a Missouri Eat Smart Child Care.

Toddler's Ink, LLC Fulton

Toddler's Ink, LLC in Fulton, MO was recognized as an Advanced Missouri Eat Smart Child Care Center in October 2013. Toddler's Ink is the 49th child care center in Missouri to be recognized as Missouri Eat Smart, and the 22nd child care center to be recognized at the Advanced level. On October 24, 2013, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Heather Graves, administrator, and Toddler's Ink, LLC for achieving the advanced level of the Missouri Eat Smart Guidelines.

One Step Ahead Early Learning Center LLC St. Joseph

One Step Ahead Early Learning Center, LLC in St. Joseph, MO was recognized as an Intermediate Missouri Eat Smart Child Care Center in March 2014. One Step Ahead is the 84th child care center in Missouri to be recognized as Missouri Eat Smart. On March 19, 2014, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Tiffany Brinton, owner/director, and One Step Ahead Early Learning Center for achieving the intermediate level of the Missouri Eat Smart Guidelines.

MO Ozarks Community Action, Inc. Richland

Missouri Ozarks Community Action, Inc. (MOCA) in Richland, MO along with six of its Head Start centers was recognized in March 2014 for achieving the advanced level of the Missouri Eat Smart Guidelines. On March 5, 2014, MOCA's Head Start centers located in Crawford County, Lebanon, Linn Creek, Rolla, Tri-County and Waynesville were recognized by Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) for achieving the standards set by the advanced level of the Missouri Eat Smart Guidelines for Child Care. Missouri Ozarks Community Action, Inc. accounts for the 76th through 81st child care centers to achieve and be recognized for meeting the Missouri Eat Smart Guidelines. Additionally, the six centers account for the 29th through 34th child care centers to be recognized at the advanced level.

Magic Kingdom, Inc. Oak Grove

Magic Kingdom, Inc. in Oak Grove, MO was recognized in March 2014 for achieving the advanced level of the Missouri Eat Smart Guidelines. On March 18, 2014, Jamie Ballowe, director, and her staff celebrated with nutrition education activities and fruit/vegetable "party hats" with their children as Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Magic Kingdom for the achieving the standards set by the advanced level of the Missouri Eat Smart Guidelines. Magic Kingdom is the 83rd child care center in Missouri to be recognized as Missouri Eat Smart, and the 36th child care center to be recognized at the advanced level.



Above, Right: Staff and children of Magic Kingdom proudly present the banner, recognizing their achievement for being a Missouri Eat Smart Child Care Center.

Right: Jamie Ballowe, director, accepts the certificate that recognizes Magic Kingdom as an Advanced Eat Smart Child Care Center.



St. Francis Preschool and Child Care **Maryville**

St. Francis Preschool and Child Care in Maryville, MO was recognized as an Advanced Missouri Eat Smart Child Care Center in March 2014. St. Francis Preschool and Child Care is the 82nd child care center in Missouri to be recognized as Missouri Eat Smart, and the 35th child care center to be recognized at the advanced level. On March 12, 2014, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Cindy Sons, director, and St. Francis Preschool and Child Care for achieving the advanced level of the Missouri Eat Smart Guidelines.

Children's Center Campus **Kansas City**

Children's Center Campus in Kansas City, MO, which houses three separate facilities (Children's Center for the Visually Impaired, Therapeutic Learning Center and YMCA), was recognized for meeting the advanced standards of the Missouri Eat Smart Guidelines in February 2014. Children's Center for the Visually Impaired, the Therapeutic Learning Center and the YMCA accounts for the 59th through 61st child care centers to achieve and be recognized for meeting the Missouri Eat Smart Guidelines. Additionally, the three centers account for the 25th through 27th child care centers to be recognized at the advanced level. On February 10, 2014, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA) recognized Children's Center Campus as an Advanced Missouri Eat Smart Child Care.



Staff members of Children's Center Campus proudly present the certificate, recognizing their achievement for being an Advanced Missouri Eat Smart Child Care.

West Central Missouri Community Action Agency **Appleton City**

West Central Missouri Community Action Agency (WCMCAA) in Appleton City, MO along with 13 of its Head Start Centers was recognized in February 2014 for achieving the intermediate level of the Missouri Eat Smart Guidelines. On February 10, 2014, Sarah Gaines, Nutrition Consultant, Missouri Department of Health and Senior Services Bureau of Community Food and Nutrition Assistance (MDHSS-BCFNA), recognized the staff of WCMCAA's Head Start centers located in Adrian, Appleton City, Belton, Butler, Clinton, El Dorado Springs, Harrisonville, Hermitage, Nevada, Rich Hill, Stockton, Versailles and Warsaw for achieving the intermediate standards of the Missouri Eat Smart Guidelines for Child Care. West Central Missouri Community Action Agency accounts for the 62nd-74th child care centers to be recognized as a Missouri Eat Smart Child Care.



Keep Kids Safe from Rabies: Get the Facts

What is Rabies?

Rabies is a deadly virus that attacks the nervous system. The virus is secreted in saliva and is usually transmitted to people by a bite from an infected animal.

Symptoms of infection do not show up right away. Sometimes, it can take months. However, it is very important that you seek medical attention immediately if you receive a bite from an animal that is suspected of being infected with the rabies virus. Dogs, cats, and some wild animals can be infected with this virus and might still appear healthy.

If you wait to seek treatment until symptoms begin, it may be too late. Left untreated, the disease is nearly 100% fatal in people.

Most of the few, recent human cases acquired in this country, including a Missouri fatality in 2008, have resulted from exposure to bats.

Keeping Pets Safe and Rabies Free

If you love your pets, get them vaccinated against rabies! Although most animals that have rabies are wild animals, people are most commonly exposed to rabies by contact with their cat or dog.

Pets can come into contact with wild animals and

bring the risk back to you and your family. Child care providers can have discussions with children about how vaccinations keep their pets safe just like vaccinations keep kids safe! Taking pets in for rabies vaccinations protects them and protects you.

Child care providers and parents should teach children that they should ask before they pet someone's cat or dog.

Keep pets indoors or supervise them when outdoors to keep them safe. Making sure pets are supervised will ensure that they avoid wild or stray animals which may be unvaccinated or ill.

Stay Away from Wild Animals

Most of the time, rabies is found in wild animals in the United States. In Missouri, skunks and bats are the wild animals most likely to carry rabies.

Children should always avoid stray dogs and cats and all wild animals, especially those that are acting strangely. Animals, especially wild animals, that appear to be more friendly than usual may be sick.

Make sure that children know to stay away from dead animals because an animal that has recently died could still give people rabies. If an animal appears to be sick

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or dead, call Animal Control. Do not try to touch or move the animal on your own.

Never Touch Bats!

Most bats do not carry rabies, but some can carry this virus, and you cannot tell just by looking at a bat if it is infected or not. People usually know when they have been bitten by a bat, but sometimes a bat could bite a person and leave a wound that is so small that it goes unnoticed (for example, if the person is a very sound sleeper) or the wound is ignored.

Teach kids to avoid contact with bats; admire and appreciate their contributions to nature from a distance. Common scenarios include when a family member wakes up and finds a bat in the bedroom or an adult enters a room and finds a bat with a previously unattended child. Capture the bat in a can or other container with a lid without further human exposure, and contact local or state public health officials to arrange to have the bat tested for rabies. Do NOT release the bat. Testing the bat could prevent many people from having to undergo the costly anti-rabies series of shots.

If an Animal Bites You, Get Help!

Many animal bites that occur happen to children. If a

bite occurs, it should be washed gently but thoroughly with soap and water. Child care providers and parents should also seek medical attention immediately to see if the child needs antibiotics, a tetanus booster, or the anti-rabies series of shots.

Bites may occur even if you try to avoid the animal. If the animal has rabies, children or adults can receive a series of shots to keep them from getting the disease.

Rabies Prevention Resources

CDC Kids and Rabies website is where children can learn more about how rabies affects animals and humans and get tips on how to prevent rabies.

E-mail out electronic postcards (e-cards 1 and 2) about rabies to send out on World Rabies Day (September 28th) or any time of year.

“Vaccinate Your Pets” and “Avoid Wild Animals” are two free posters that you can order online and display in your facility or community. For more information, contact the Missouri Department of Health and Senior Services, Office of Veterinary Public Health, at 573-526-4780.

Searching for Child Care?

Now you can search for child care using your mobile device.

- The Show Me Child Care Provider Search is now user friendly on all size screens including phones.
- Searching is easier than ever. Previously users were required to type in the exact name of the facility. The search will now display results without being exact.
- A Help Image has been added to the Facility Types (Home, Group Home, Center and License Exempt) that will display a definition of each facility type.

The Show Me Child Care Provider Search can be found online at <https://webapp02.dhss.mo.gov/Login/Login.aspx?ReturnUrl=%2fchildcareportal%2finspections.aspx>.



CPSC Approves **New** Federal Safety Standard for Strollers

To prevent deaths and injuries to infants and children, the U.S. Consumer Product Safety Commission (CPSC) has approved a new federal mandatory standard intended to improve the safety of infant's and children's carriages and strollers. The Commission voted unanimously in favor of the standard (3 to 0) on Tuesday, March 4, 2014.

A stroller is a wheeled vehicle used to transport children, usually from infancy to 36 months old. Children are transported generally sitting up or in a semi-reclined position by a person pushing on a handle attached to the stroller. Carriages are wheeled vehicles made to transport an infant, usually in a position lying down. Carriages and strollers within the scope of the new standard include full-size 2D strollers that fold in front-to-back (or back-to-front) and 3D strollers that fold in front-to-back (or back-to-front), as well as side-to-side directions, travel systems (including car seats), tandem, side-by-side, multi-occupant and jogging strollers.

The new federal standard incorporates by reference the most recent voluntary standard developed by ASTM International (ASTM F833-13b), Standard Consumer Safety Performance Specification for Carriages and Strollers, with a modification to address head entrapment hazards associated with multi-positional/adjustable grab bars.

CPSC has received about 1,300 incident reports related to strollers reported from January 1, 2008 through June 30, 2013. Four of those incidents involved a fatality.

The effective date for the mandatory carriage and stroller standard is 18 months after the final rule is published in the Federal Register.

The new safety standard addresses hazards associated with strollers reported to the agency, including:

- Hinge issues that have resulted in pinched, cut, or amputated fingers or arms;
- Broken and detached wheels;
- Parking brake failures;
- Locking mechanism problems;
- Restraint issues, such as a child unbuckle in the restraint and restraint breakage or detachment;
- Structural integrity; and
- Stability.



Photo taken from CPSC's website at <http://www.cpsc.gov/onsafety/2014/03/new-stroller-and-carriages-safety-standard-what-it-means/>.

Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to ensure that recalled products are not in use in their facilities.

The CPSC's toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at www.cpsc.gov.

This quarter we are highlighting a product that has recently been recalled and is commonly found in child care facilities.

Infantino Recalls Teething Toys Due to Choking Hazard

Sold Exclusively at Target

Recall Date: February 20, 2014 **Recall #:** 14-109

<http://www.cpsc.gov/en/Recalls/2014/Infantino-Recalls-Teething-Toys/>

Recall Details

Name of product:

Go Gaga Squeeze & Teethe
Coco the Monkey

Hazard:

The tail of the monkey can pose a choking hazard to young children.

Units

About 191,000

Description

This recall involves the Go Gaga Squeeze & Teethe Coco the Monkey teething toys. This squeaking toy is made of soft orange rubber and is shaped like a monkey. The toy measures 4.5 inches tall by 5 inches long and is intended for ages newborn and up. "Infantino" is marked on the back toward the rear and model number 206-647 is marked on the inside of the rear left leg

Incidents/Injuries

The firm has received seven reports of infants choking or gagging on the monkey's tail. No injuries have been reported.

Remedy

Consumers should immediately take the recalled products away from infants and contact Infantino to receive a free replacement toy.

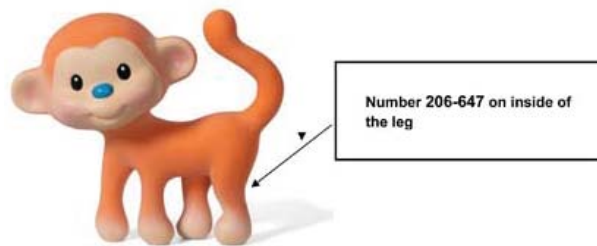
Sold exclusively at

Target stores nationwide and online from December 2012 through January 2014 for about \$13.

Importer

Infantino LLC, of San Diego, Calif.

Manufactured in China



Playtex Recalls Pacifier Holder Clips Due to Choking Hazard

<http://www.cpsc.gov/en/Recalls/2014/Playtex-Recalls-Pacifier-Holder-Clips/>

Recall Date: January 22, 2014

Recall #: 14-084

Recall Summary

Name of product:

Playtex pacifier holder clips

Hazard:

The pacifier holder clips can crack and a small part can break off which poses a choking hazard to small children.



Units

About 1.25 million in the U.S. and 150,000 in Canada

Description

This recall involves the Playtex pacifier holder clips that attach a pacifier to items like clothing, diaper bags and strollers. It is a plastic clip with a figure and a "Playtex" copyright logo that slides up and down to adjust the clip, a ribbon and a clear plastic ring that stretches to fit the pacifier. The pacifier holder was sold in green with a monkey figure, pink with a flower and blue with a tow truck.

Incidents/Injuries

Playtex has received 99 reports of the holder cracking or breaking. No injuries have been reported.

Remedy

Consumers should immediately take the recalled pacifier holders away from infants and contact Playtex for instructions on how to return the product for a full refund.

Sold at

Walmart, other major retailers, juvenile product, baby and discount stores nationwide and online at Amazon.com, among others, from July 2010 through October 2013 for about \$3.

Distributor

Playtex Products Inc., of Dover, Del.

Manufactured in China

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This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the Web address: health.mo.gov/safety/childcare/newsletters.php so they can print their own copy.

This document is in the public domain and may be reprinted.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO, 65102, 573.751.2450. Hearing- and speech-impaired citizens can dial 711. EEO/AAP services provided on a nondiscriminatory basis.

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